



## **The CONTROL**

**(COgNitive Therapy for depReSSIOn in tubercuLosis treatment)**

**to improve outcomes for depression and TB in Pakistan and**

**Afghanistan**

**Funded by: RIGHT3, NIHR**

**Reference: NIHR201773**

# **“Community Engagement Activity Khalabat, Haripur”**

**3<sup>rd</sup> August 2024**

## EXECUTIVE SUMMARY

Local communities are integral to the CONTROL study, with the CONTROL CEI team regularly engaging them in awareness initiatives. On August 3, 2024, community engagement activities were carried out in Khalabat Township, Haripur, KP, targeting both female and male community members. The primary objectives were to engage with lady health workers (LHWs), who serve as a crucial link between communities and healthcare services, for TB patients and community. The activities aimed to provide an overview of the CONTROL study, discuss the intersection of tuberculosis and mental health outcomes, and introduce the concepts of co-creation and art-based community engagement. This report will offer a comprehensive account of the activities conducted in the female and male hujras.

## INTRODUCTION

### Activity Aims & Objectives:

On August 3, 2024, a community engagement activity was held in Khalabat Township (also known as Khalabat, Tarbela Colony, or Tarbela Township), one of the 30 union councils in Haripur District, Khyber Pakhtunkhwa, Pakistan. The initiative focused on actively involving the community and lady health workers, who serve as vital connections between communities and healthcare services. The goals were to raise awareness about the CONTROL study, tuberculosis, and mental health outcomes, and to introduce the concept of co-creation to community members. Additionally, the activity aimed to dispel prevalent myths within the community and emphasize the importance of art as a powerful tool for creating impact, particularly through community-driven initiatives for tuberculosis and mental health awareness.

### Khalabat Township CEI Activity Plan:

Before the scheduled event, the CONTROL CEI team the research team visited the area, to meet with relevant stakeholders and to finalize the logistical details.

### Female Hujra:

The designated female hujra for the activity was centrally located within the Khalabat township, making it easily accessible for both community members and the research team. The hujra was spacious and well-maintained, accommodating approximately 35 female participants.

### Facilitator:

**For female hujra:**

From the CONTROL CEI team, the session was facilitated by:

- Saara Khan (CONTROL Communication Officer and MEAL Manager for CEI Guiding Principle Pilot Project)
- Rida Zarkaish (Co-Creation Coordinator, CONTROL CEI Guiding Principle Pilot Project)
- Dr. Kanwal Safeer (Co-Creation Coordinator, CONTROL CEI Guiding Principle Pilot Project)
- Tuba khan (Media Coordinator, CONTROL CEI Guiding Principle Pilot Project )
- Maria Marjan (Research Assistant CONTROL, and Volunteer, CONTROL CEI Guiding Principle Pilot Project)

From the CONTROL study Community Advisory Board, Ms. Ammara Iqbal joined the team for the said activity.

### **Participants:**

The workshop was attended by 35 female participants, including lady health supervisor (LHS), lady health workers (LHWs) , TB patients and local female residents.

### **Activity:**

The activity began with a recitation of the Holy Quran by Ms. Maria Marjan. Following this, Ms. Tuba welcomed all participants and explained the purpose of the visit to the community members. She outlined the goals of the community engagement initiative, highlighting the significance of raising awareness about the CONTROL study, tuberculosis, and mental health. Participants were then provided with an information sheet and consent form for their involvement in the CEI session.

## All About Tuberculosis & Mental Health

Ms. Tuba then discussed tuberculosis, covering its signs, symptoms, safety measures, and common myths. She explained that tuberculosis primarily affects the lungs but can also involve other



parts of the body, leading to severe symptoms such as chronic coughing, chest pain, and general weakness. As the disease progresses, it can cause significant respiratory distress, weight loss, fever, and fatigue, severely impacting a person's quality of life and daily functioning.

Ms. Tuba also highlighted that TB medication can sometimes cause side effects that contribute to mental health challenges. Moreover, the stigma associated with TB can worsen an individual's mental well-being, as social prejudice surrounding the disease adds to the psychological burden. She emphasized that persistent sadness lasting more than two weeks might indicate a more serious mental health issue. Participants then shared their experiences with mental health challenges, describing feelings of heaviness, anger, sadness, and the impact of grief on their daily lives.



## The Lived Experience of Community



During the community engagement activity, the females were asked if they had heard of TB, to which the participants responded affirmatively. When asked if anyone in their households had experienced TB, several participants shared their experiences.

### Participant 1:

One participant said, *“Tuberculosis affects weak individuals and those with a weakened immune system more quickly and this can lead to mental health issues, causing them to eat less and resulting in weight loss.”*.

### Participant 2:

*“She said that some Tuberculosis patients experience depression due to concerns about their condition. They may feel despondent because they believe there is no effective cure, worry that the treatment might be ineffective, or fear that the tuberculosis may not be completely eradicated.”.*

### **Participant 3:**

One woman recounted that; *“it's important to alleviate people's fear and ensure they do not feel abandoned or isolated. They emphasized approaching patients with care and compassion, avoiding anger or harshness. It is possible to eat together while maintaining a safe distance, as long as precautions are taken since TB is not spread through casual contact.”*



The facilitator explained how TB is transmitted through coughing and sneezing and advised taking precautions such as wearing masks or using handkerchiefs. Participants were also encouraged to see a doctor if they or anyone in their household showed symptoms, to help prevent the spread of TB. The challenges TB patients face was discussed but highlighted a positive aspect: free TB treatment. This is crucial because TB requires a lengthy 6 to 9-

month treatment to eliminate bacteria and prevent resistance. Free treatment removes financial barriers, aiding recovery and reducing TB spread in the community.



When asked about the connection between TB and depression, participants noted that some TB patients experience depression because they fear there is no cure, worry that the treatment may not be effective, or believe that the disease may not be fully eradicated. Three participants added that some patients experience mental distress due to the behaviour of their family members.

Additionally, the stigma surrounding TB often exacerbates an individual's mental well-being.

The facilitator emphasized that mental stress could worsen a person's mental health. When treatment begins, patients are advised to keep their eating utensils separate but should not be isolated from others. Unfortunately, patients are often abandoned and left to cope with the disease alone, similar to the isolation seen during COVID-19. Instead, patients should be allowed to communicate from a distance while wearing a mask and maintaining social interaction. Isolating



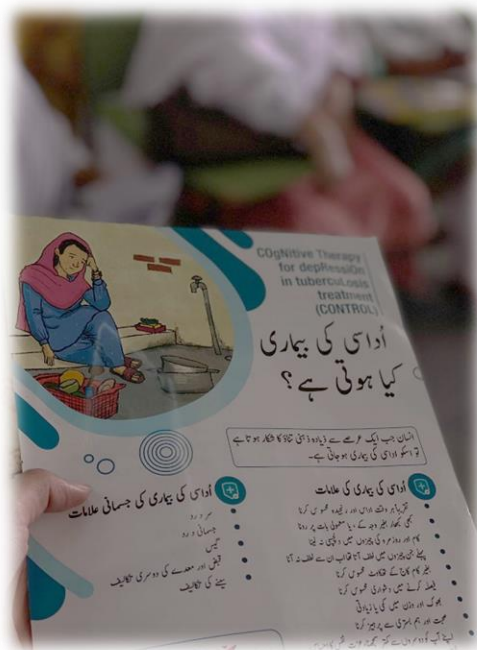
TB patients in a room and distancing oneself from them can lead to the patient experiencing mental stress and isolation. When asked how to improve the approach to TB and mental health issues, and how to effectively communicate this information to the community, participants suggested that it is crucial to alleviate people's fears and ensure patients do not feel abandoned or isolated. They emphasized the importance of approaching patients with care and compassion, avoiding anger or harshness. They noted that it is possible to eat together while

maintaining a safe distance, as TB is not spread through casual contact. Additionally, participants highlighted the importance of not spitting everywhere as a precautionary measure.

### Overview of Art-Based Activity:

Community members were provided with information about various art-based genres for engagement and awareness. They received a briefing on different visual, performing, and digital art forms.

### Flyer:



A sample flyer, incorporating an animated cartoon alongside textual information about depression and tuberculosis (TB), was presented to the participants. These flyers aim to enhance awareness by clearly communicating key information. The images and text are designed to help people understand the message and the actions they should take.

### Poster:

The CEI team illustrates the concept of a poster commonly seen in hospitals, on streets, or along roadways. These posters typically use consistent imagery and clear, direct instructions to communicate important messages. The visuals are designed to be both striking and easily understood, ensuring they capture attention effectively. The written content offers brief, relevant guidance on health and safety, aimed at raising awareness and encouraging public action.

### **Flipbook:**

A flipbook was presented, showcasing a calendar with images on one side and information on the other. This format is particularly useful for those who cannot read, as it allows them to understand the content through pictures.

It was noted that the information could be provided in any language, such as Urdu, Pashto, Persian, or English, depending on the region and its language preferences.



### **Video:**

The facilitator discussed the effectiveness of using videos for awareness, drawing a parallel to the COVID-19 pandemic when videos were widely used to inform the public. The participants suggested that creating similar awareness materials could be highly effective for addressing TB and mental health issues within our society.

Specifically, they proposed developing targeted videos that focus on these health concerns, utilizing engaging content to educate and inform the public. Additionally, the participants recommended producing a short drama centered around TB and mental health topics. This



dramatic approach could provide a powerful and relatable narrative, making the information more accessible and engaging for viewers. By employing these strategies, we could potentially reach a broader audience, enhance

understanding, and encourage positive health behaviours and attitudes.

### **Song/Ringtone:**

The team introduced another genre, i.e., a song that is similar in style and approach to the song about cricket. This song can be engaging, and informative, designed to capture the audience's attention while delivering content in an accessible way.

Another method is to use a ringtone that, when you dial a call, then it starts playing a song or providing information about a disease or some other topic. Similar to how ringtones during the COVID-19 period were used to provide information, we could create a ringtone that delivers information about a disease when you dial a call.



## Focused Group Discussion Proceedings:

Ms. Tuba initiated the Focus Group Discussion (FGD) with participants, recording their responses. The session was moderated by Tuba, while Rida and Maria took notes. Participants were asked about their preferred methods of communication for receiving information. Most participants expressed a preference for mobile phones, social media, or videos.



The lady health visitors also mentioned that *"In our daily routine, conducting community visits is integral. We decide how*

*many houses to visit, whether it's 8 or 10, depending on the situation. We also discuss these visits in our separate male and female meetings with the community so if we will have a video in our phones, we can easily show it in the houses we visit. This will help us spread message to all the community members".*

They also mentioned that they visit an Islamic institution (madrassa) led by a female teacher, where they engage in discussions on various topics, including health awareness and the sharing of new information. She also mentioned school visits where they share information with teachers and senior-grade students.

One participant emphasized that a multitude of campaigns have been implemented to raise awareness about dengue fever, yielding a considerable impact on awareness levels within the community. They highlighted the active involvement of school children in these campaigns, who have enthusiastically participated in role-plays and created informative posters to spread awareness about the disease. This participatory approach has not only educated the children but also facilitated a broader dissemination of knowledge, thereby enhancing awareness and promoting preventive measures within the community.

Participants emphasized that campaigns on TB and mental health can be conducted similarly to those on dengue fever, where they can visit schools to conduct sessions and raise awareness among children using videos or flyers. They stressed the importance of educating children about TB and mental health and highlighted the need for resources and tools to support these awareness efforts, such as stickers, flyers, and pamphlets. They suggested that like other awareness campaigns, lady health workers can conduct sessions on TB and mental health, utilizing these resources to effectively spread information and promote awareness.

The lady health supervisor mentioned that *“we do share the information with others. There are 35-40 females present here today, and by sharing information with them, their message will directly reach an additional 4-5 family members per household, amplifying their impact. When our message reaches 40 females, it effectively reaches 40 households. Additionally, our daily visits to 10 houses enable us to share information with females, who will then help disseminate it further, creating a ripple effect”*.



They agreed that in the case of flyers, including written information alongside the image would be beneficial for better clarity and understanding. The facilitator then asked, "How would you like the image to be presented? Should it resemble the cartoonish, animated image on this flyer, or would you prefer a realistic depiction of a human being?" to which the participants suggested



that a realistic image of a human being would be more effective, as it would allow people to easily identify with and connect to the message. They emphasized that the images should clearly convey the situation and symptoms of a disease. For example, an image of someone holding their head in their hands communicates worry or stress. The imagery should be straightforward and easily comprehensible, allowing viewers to quickly grasp the situation and message

being conveyed.

Further, the facilitator inquired about the most effective method for disseminating information to which almost all the participants responded that mobile phones are the most effective method, given their widespread availability. So a video or short drama can be developed and disseminated via mobile phones to the larger community. They mentioned that mobile phones are now ubiquitous, found with individuals from all walks of life, and often shared among household members, making them a convenient and accessible means of disseminating information. Another participant suggested that caller tunes can be an effective way to disseminate information, as people tend to listen to them while waiting for their call to connect, making it a valuable opportunity to convey messages and raise awareness.

The facilitator sought the participants' feedback on the video she presented, inquiring about their thoughts on the effectiveness of informative videos in raising awareness about diseases and mental health,

and whether such videos can have a positive impact.

The majority of participants agreed with video-based awareness strongly and responded that “Creating a video



would be the most effective way to raise awareness about TB and mental health among all the methods”. The participants confirmed that people are indeed interested in video content, provided it is concise and doesn't exceed a few minutes. It was further inquired about the optimal timing and length of awareness videos, seeking input from the participants. There was a consensus that the video should be concise, with a preferred duration of around 5 minutes, though some suggested that it could be extended to 10 minutes if necessary. The majority of the participants highlighted that “An animated video would be particularly well-received within our culture and in local language as everybody understands, and as animation tends to be engaging and relatable for a wide audience” They also suggested using bright colors in the animation to capture attention and make the content more appealing and memorable.

A participant suggested that “drama episodes frequently end with advertisements for everyday products, such as shampoo, and recommended using these slots to raise awareness about tuberculosis” They pointed out that “TV viewing often becomes a communal activity, with the

*entire household coming together to watch, making it an effective platform to educate a broad audience about the disease”. One participant shared that “dramas and videos are particularly effective in conveying important messages and raising awareness about social issues” Another participant shared that “how a drama depicting the life of Hazrat Yousaf (A.S.) profoundly impacted our community's understanding of Islamic values and principles, leading to a deeper practice of their faith. This example illustrates that dramas capture people's interest and can play a significant and influential role in their lives”. Hence, they believed that videos would more helpful than flyers and will convey the message effectively while resonating with the community's cultural preferences.*

### Feedback about the session



Participants expressed their appreciation for the CEI team initiative, saying, “We are thrilled that the team willing to come and train us on TB and mental health. This is a first for us, and we are eager to learn from the CEI team's expertise, and guidance will enable us to better serve our communities and address the pressing issues of TB and mental health”.

### Concluding Remarks:

Ms. Saara expressed gratitude to the LHS, LHW, TB patients, and community members for welcoming the team and facilitating active engagement with the community.



## Lest We Forget



**Community Engagement Activity**  
**at**  
**Khalabat, Haripur**  
**3<sup>rd</sup> August 2024**

## INTRODUCTION

### Male Hujra:

The designated male hujra for the activity was conveniently positioned within the Khalabat, making it accessible to both community members and the study team. The hujra was wide and well-maintained, with room for perhaps 30-35 male attendees.



### Facilitator:

#### For male hujra:

From the CONTROL CEI team, the session was facilitated by:

- Asad Ullah (Project Manager for CEI Guiding Principle Pilot Project)
- Ihtesham Ul Haq (Community Engagement Officer Local for CEI Guiding Principle Pilot Project)
- Ihsan Ullah Rahimi (Community Engagement Officer Afghan for CEI Guiding Principle Pilot Project)

From the CONTROL study Community Advisory Board, Farman khan and Asad joined the team for the said activity.



## Participants:

The session was attended by 35 male participants, including doctors, Dots facilitators, Health Technician's, janitorial staff, TB patients, community health volunteers and community local male residents.

## Activity:

The activity commenced with the recitation of the Holy Quran by Ihsan Ullah Khan. Ihtesham Ul Haq welcomed all who participated and explained the reason for the visit to the community members. He gave



them an information sheet and a consent form for their participation in the CEI session.

## Talk about Tuberculosis & Mental Health

Ihtesham Ul Haq talked about tuberculosis, explaining its signs, symptoms, and how to prevent it, while also clearing up common misconceptions. The facilitator then discussed mental health, particularly the signs and symptoms of depression and anxiety. Two males participants and one caregiver shared their experiences, giving a personal perspective on these challenges.

Ihtesham ul Haq and Asad Ullah discussed various strategies for overcoming depression, anxiety, and stress, as well as how to effectively manage life stressors and explained the symptoms of depression, including persistent sadness, disrupted sleep, changes in appetite, feelings of worthlessness, and suicidal thoughts. Participants shared their own experiences with mental health challenges, expressing emotions such as heaviness, overthinking, anger, headache, sadness, and the profound impact of grief on their daily lives. Asad Ullah explained

that along with treatment the counseling is also very important. Counseling plays an important role in the treatment process.

### **Religious Perspective:**

Islamic scholar told that “Islam teach us that every disease ALLAH has created so , there is a treatment for that as well so we are supposed to get treatment of each disease including TB and depression. The Quran contains treatments for both physical and spiritual ailments. The Hadith also mentions that there is a cure for every illness, which indicates that it is important for us to seek treatment for every illness in a timely manner, especially for diseases like tuberculosis. He also narrated the Islamic examples where utmost empathy and care is shown towards patients instead of isolating them and making them feel more stigmatized.



### **The Lived Experience of Participants:**

During the community engagement activity, the participants were asked if they were familiar with tuberculosis (TB), and two respondents shared their personal. Then the discussion shifted to whether anyone in their households had been affected by TB, participants openly shared their personal experiences.

### **Participant 1:**

Participant 1 shared their experience that despite having tuberculosis (TB), their daily life and work routine were not significantly impacted. He mentioned that he is a farmer and continued

working in the fields even during his TB treatment. TB causes significant physical symptoms, high temperature, fatigue, coughing, and weight loss, which typically impact a person's ability to work and perform daily tasks. The participant's said that his TB was detected at early stage, and he received his treatment effectively due to which he is now fine.

*"I had been diagnosed with TB and I started treatment at the early stage and Masha Allah. I am fine now. I have the symptoms of coughing, weight loss, fatigue, and continuous coughing. Due to*



*TB, my life was not that much affected. I was able to do my work in the field and my daily routine was not affected due to TB".*



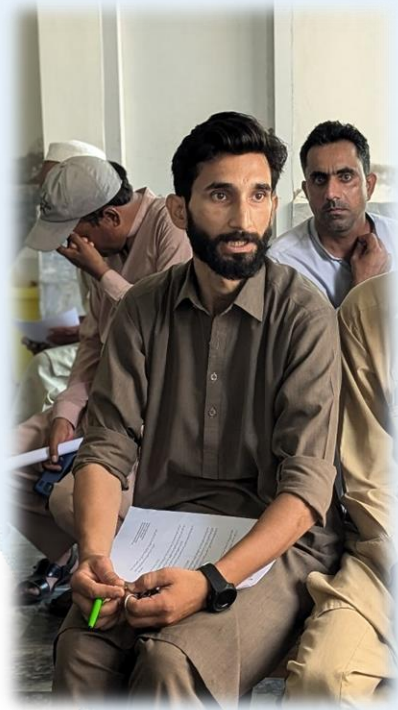
**Participant 2:** The second Patient shared his experience that at first, he had some health issues and after some time he decided to visit a TB centre. After being evaluated, he was diagnosed with tuberculosis. The healthcare professionals at the centre prescribed a course of medication for the treatment of TB. He followed their instructions and took the medication for the six months as prescribed. Once he completed the full course of treatment, he recovered from the TB disease and as you see I am returned to good health.

*“Initially I have health issues I visit TB centre and after examination I was diagnosed with TB. The doctors in the health centre prescribed the medicines and after taking six months of treatment and medication, now I am totally recovered from the TB and I am totally fine now.”*

### **Participant 3:**

Third participant shared the experience of his father suffered from TB. Their daily life routine was affected by his father’s sickness and as a caretaker, he was responsible for ensuring medication adherence, providing emotional support, and assisting with medical appointments.

*“My father has TB, and I am looking after his health. I am taking care of their medication, giving support to the patient and also helping him in visiting health facilities. I am also giving him the psychological support to help him in coping the challenges of TB treatment”.*



### **Overview of Art-Based Activity:**

A comprehensive briefing was provided to community members about different art genres, encompassing visual, performing, and digital mediums, to enhance community involvement and knowledge

**Flyer:** A flyer combining an animated cartoon with written information about depression and tuberculosis (TB) was shown to study participants. They were questioned about their previous encounters with similar materials. Additionally, detailed informational posters were used as reference points. Participants were asked to describe the visual elements of the flyer and interpret the animated character's portrayal.



### **Flipbook:**

The flipbook was presented. One side of the it uses pictures to convey information, making it accessible to people who cannot read. The text on the other side can be written in different languages, such as Urdu, Pashto, or English, to suit various regions.

### **Audio technique:**



The team then discussed the audio techniques including radio, audio recorded files and caller tunes. Radio is like a broad voice that can reach many people at once. It can be

used to tell people about TB and mental health.

Then the Caller tunes was discussed that caller tune are short messages that people hear when they call your phone. This can be used to remind people about TB and mental health, make people feel good about getting help to prevent from TB and mental health. Both radio and caller tunes can help a lot of people learn about TB and mental health. The team asked from the community “do you people hear such caller tuner in which information was given like precaution and prevention measures during Covid-19?” Most of the respondent replied yes and told the team that whenever they called someone at that Covid-19 time the ringtones were set on their mobile phones.

### **Drama/short video clips/ role plays:**



The team then introduced another genre, drama/short video clips and role plays. Men were shown an informative video to clarify the role of videos in raising community awareness.

### **Focused Group Discussion Proceedings:**

Ihtesham ul haq started the Focus Group Discussion (FGD) with the participants, recording their responses. The session was moderated by Ihtesham Ul Haq and Ihsan Ullah did the note taking for the activity. The participants were asked about their preferred methods of communication for receiving information. Participants expressed that video would be the best for spreading awareness regarding TB and mental health problems. Few participants stated that talking to people face-to-face instead of online videos and short clips will be better. Having the whole team there helped them understand everything better.

Another participant 2 stated that,





*“Some people don't have smartphone, and it will be difficult for them to watch videos so the alternate option will be better.”*

Most of the participants agreed to this option and said that a flyer or book would be the best option to spread awareness among the community and also added that if someone is educated in the family he will read the book and communicate the messages to the other household members, friends and to other community members and said that write it in urdu and pashto language.

*“Pashto and Urdu will be best and ok for all of us and most of the participants agreed with him.”*

Asad Ullah then asked the community how they would ensure that the message reached every community member, including elderly people, those who are ill, females, or individuals with physical conditions preventing them from attending the sessions. He also inquired about how participants would retain and continue to access the shared information in the team's absence. When alternative methods like TV or radio were suggested, few mentioned the absence of these devices in their household. Few community members stated that they are poor are not literate

but their kids have phones so a short video or drama they can watch on phone and understand it.

The participants were then asked about the content that should be included to which the participants mentioned that information on both mental health problems and tuberculosis (TB) should be added.



Ihtesham inquired about the project's visuals, and the majority of participants favoured



animation for effectively conveying the message. Due to cultural sensitivities, animation was selected as the medium.

*“Animation will be good because animation lets us share ideas in a way that’s easy for everyone to understand and if real pictures were printed in the flyer or video, it will be prohibited in few households because of the pictures”.*

it was decided that information about tuberculosis and mental health should be presented in Urdu and Pashto languages. Videos were preferred in Pashto. Additionally, they requested comprehensive Pashto and Urdu documents detailing TB and mental health information, including treatment locations.

## Success Story: Overcoming Resistance to Mental Health Awareness

### Context

#### Concerns Raised on Mental Health Awareness

During the session, one participant voiced concerns regarding the potential drawbacks of mental health awareness campaigns. He argued that increased awareness might lead to self-diagnosis, which in turn could cause unnecessary stress and anxiety. In his view, ignorance of mental health conditions like depression might offer protection, suggesting that people might be better off not knowing about such issues.

#### Facilitation and Thoughtful Dialogue

Asad Ullah, the session's facilitator, listened attentively to the participant's concerns and responded with a thought-provoking yet respectful question: "Do you think it is important to raise awareness about tuberculosis?" The participant immediately acknowledged the value of such awareness, agreeing that understanding the signs and symptoms of tuberculosis would prompt someone to seek medical help without delay.

Building on this understanding, Asad skilfully drew a parallel between tuberculosis and mental health. He explained that, just as untreated tuberculosis worsens over time, mental health issues also require early detection and intervention. He stressed that a lack of awareness can prevent individuals from recognizing and addressing psychological challenges, making them more vulnerable to stress, much like someone facing the compounded strain of undiagnosed tuberculosis. The analogy resonated with the participant, leading to a thoughtful exchange that spanned 5-8 minutes.

#### A Shift in Perspective

By the end of the discussion, the participant had undergone a change of heart. He came to appreciate the significance of mental health awareness and how it empowers individuals to seek help and manage their well-being effectively. With a new perspective, he chose to engage in an art-based activity that used a book as a medium for communication, signaling his willingness to explore mental health issues creatively. His active participation was met with encouragement and appreciation from the facilitator, underscoring the impact of open, respectful dialogue.



### **Concluding Remarks:**

On behalf of the team, Mr. Asad Ullah and Ihtesham Ul Haq thanked the community and the Hujra owner for their generous hospitality. They valued the chance to connect with everyone and appreciated the opportunity to engage actively with everyone.





**Group picture of CEI team & Focal Persons, Khalabat Haripur**



# COGNITIVE THERAPY FOR DEPRESSION IN TUBERCULOSIS TREATMENT

(The CONTROL Project)

Community Engagement Initiative CEI NIHR Pilot

**Agenda: CONTROL Community Engagement initiative**

**Date: 3<sup>rd</sup> August 2024**

**Area: Khalabat, Haripur**

**Male and female parallel in two different houses (Hujras)**

Time slot	Topic / title	Resource person
02:00pm-02:05pm	Recitation of Holy Quran	Mr. Ihsan Ullah (Male side) Ms. Maria Marjan (Female side)
02:05pm-02:15pm	Welcome note and Introduction of participants, informed consent & Information sheet	Mr. Ihtesham Ul Haq (Male side) Ms. Tuba (Female side)
02:15pm-02:30pm	Infectious disease burden in Pakistan (specifically TB) and in Khyber Pakhtunkhwa. Aim & objective of the Community Interaction, importance of community engagement in improving healthcare delivery and access.	Mr. Ihtesham Ul Haq (Male side) Ms. Tuba (Female side)
02:30pm-02:45pm	Overview of mental health disorders in chronic diseases and TB Mental health disorders prevention and treatment, role of community in advancement of research and project specific research activities.	Mr. Ihtesham Ul Haq (Male side) Ms. Saara Khan & Tuba (Female side)
02:45pm-03:15pm	Lived/shared experiences from CEI advisory group	Mr. Agha Shireen (Afghan representative) Ms. Ammara Iqbal
03:15pm-03:50pm	Introduction to art-based CEI i.e., performance art, visual art and digital art	Mr. Ihtesham Ul Haq & Mr. Ihsan Ullah Ms. Tuba

03:50pm- 04:30pm	Participant feedback on each sample	Mr. Ihsan ullah & Mr. Ihtesham Ul Haq Ms. Tuba
04:30pm- 04:40pm	Speech by the community representative (counsellor)	Local counsellor (Male) LHS (Female)
04:40pm- 04:50pm	Speech by the religious representative	Imam Masjid (Male side)
04:50pm- 05:00pm	Vote of thanks	Mr. Asad Ullah (Male side) Ms. Saara Khan (Female side)